**《献血者健康征询、招募与献血服务研讨班》回执表**

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| **单 位** | |  | | | | | | | |
| **姓 名** | **性 别** | **身 份 证** | **科 室** | **职 称** | **职 务** | **学 历** | **联系电话（手机）** | **住宿** | **是否带司机** |
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